

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2000 General Assembly.

HOUSE ENROLLED ACT No. 1950

AN ACT to amend the Indiana Code concerning Medicaid.

Be it enacted by the General Assembly of the State of Indiana:

SECTION 1. IC 4-22-2-37.1, AS AMENDED BY P.L.273-1999, SECTION 160, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2001]: Sec. 37.1. (a) This section applies to a rulemaking action resulting in any of the following rules:

- (1) An order adopted by the commissioner of the Indiana department of transportation under IC 9-20-1-3(d) or IC 9-21-4-7(a) and designated by the commissioner as an emergency rule.
- (2) An action taken by the director of the department of natural resources under IC 14-22-2-6(d) or IC 14-22-6-13.
- (3) An emergency temporary standard adopted by the occupational safety standards commission under IC 22-8-1.1-16.1.
- (4) An emergency rule adopted by the solid waste management board under IC 13-22-2-3 and classifying a waste as hazardous.
- (5) A rule, other than a rule described in subdivision (6), adopted by the department of financial institutions under IC 24-4.5-6-107 and declared necessary to meet an emergency.
- (6) A rule required under IC 24-4.5-1-106 that is adopted by the department of financial institutions and declared necessary to meet an emergency under IC 24-4.5-6-107.
- (7) A rule adopted by the Indiana utility regulatory commission to



address an emergency under IC 8-1-2-113.

(8) An emergency rule jointly adopted by the water pollution control board and the budget agency under IC 13-18-13-18.

(9) An emergency rule adopted by the state lottery commission under IC 4-30-3-9.

(10) A rule adopted under IC 16-19-3-5 that the executive board of the state department of health declares is necessary to meet an emergency.

(11) An emergency rule adopted by the Indiana transportation finance authority under IC 8-21-12.

(12) An emergency rule adopted by the insurance commissioner under IC 27-1-23-7.

(13) An emergency rule adopted by the Indiana horse racing commission under IC 4-31-3-9.

(14) An emergency rule adopted by the air pollution control board, the solid waste management board, or the water pollution control board under IC 13-15-4-10(4) or to comply with a deadline required by federal law, provided:

(A) the variance procedures are included in the rules; and

(B) permits or licenses granted during the period the emergency rule is in effect are reviewed after the emergency rule expires.

(15) An emergency rule adopted by the Indiana election commission under IC 3-6-4.1-14.

(16) An emergency rule adopted by the department of natural resources under IC 14-10-2-5.

(17) An emergency rule adopted by the Indiana gaming commission under IC 4-33-4-2, IC 4-33-4-3, or IC 4-33-4-14.

(18) An emergency rule adopted by the alcoholic beverage commission under IC 7.1-3-17.5, IC 7.1-3-17.7, or IC 7.1-3-20-24.4.

(19) An emergency rule adopted by the department of financial institutions under IC 28-15-11.

(20) An emergency rule adopted by the office of the secretary of family and social services under IC 12-8-1-12.

(21) An emergency rule adopted by the office of the children's health insurance program under IC 12-17.6-2-11.

(22) An emergency rule adopted by the office of Medicaid policy and planning under IC 12-15-41-15.

(b) The following do not apply to rules described in subsection (a):

(1) Sections 24 through 36 of this chapter.

(2) IC 13-14-9.

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(c) After a rule described in subsection (a) has been adopted by the agency, the agency shall submit the rule to the publisher for the assignment of a document control number. The agency shall submit the rule in the form required by section 20 of this chapter and with the documents required by section 21 of this chapter. The publisher shall determine the number of copies of the rule and other documents to be submitted under this subsection.

(d) After the document control number has been assigned, the agency shall submit the rule to the secretary of state for filing. The agency shall submit the rule in the form required by section 20 of this chapter and with the documents required by section 21 of this chapter. The secretary of state shall determine the number of copies of the rule and other documents to be submitted under this subsection.

(e) Subject to section 39 of this chapter, the secretary of state shall:

- (1) accept the rule for filing; and
- (2) file stamp and indicate the date and time that the rule is accepted on every duplicate original copy submitted.

(f) A rule described in subsection (a) takes effect on the latest of the following dates:

- (1) The effective date of the statute delegating authority to the agency to adopt the rule.
- (2) The date and time that the rule is accepted for filing under subsection (e).
- (3) The effective date stated by the adopting agency in the rule.
- (4) The date of compliance with every requirement established by law as a prerequisite to the adoption or effectiveness of the rule.

(g) Subject to subsection (h), IC 14-10-2-5, IC 14-22-2-6, and IC 22-8-1.1-16.1, a rule adopted under this section expires not later than ninety (90) days after the rule is accepted for filing under subsection (e). Except for a rule adopted under subsection (a)(14), the rule may be extended by adopting another rule under this section, but only for one (1) extension period. A rule adopted under subsection (a)(14) may be extended for two (2) extension periods. Except for a rule adopted under subsection (a)(14), for a rule adopted under this section to be effective after one (1) extension period, the rule must be adopted under:

- (1) sections 24 through 36 of this chapter; or
- (2) IC 13-14-9;

as applicable.

(h) A rule described in subsection (a)(6), (a)(9), or (a)(13) expires on the earlier of the following dates:

- (1) The expiration date stated by the adopting agency in the rule.

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(2) The date that the rule is amended or repealed by a later rule adopted under sections 24 through 36 of this chapter or this section.

⊕ (i) This section may not be used to readopt a rule under IC 4-22-2.5.

SECTION 2. IC 12-7-2-24.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2001]: **Sec. 24.5. "Buy-in program", as used in IC 12-15-41, has the meaning set forth in IC 12-15-41-1.**

SECTION 3. IC 12-7-2-44 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2001]: Sec. 44. "Council" means the following:

(1) For purposes of IC 12-9-4, the meaning set forth in IC 12-9-4-1.

(2) For purposes of IC 12-13-4, the meaning set forth in IC 12-13-4-1.

(3) **For purposes of IC 12-15-41 and IC 12-15-42, the Medicaid work incentives council established by IC 12-15-42-1.**

(4) For purposes of IC 12-17-15, the meaning set forth in IC 12-17-15-2.

⊕ (5) For purposes of IC 12-18-3 and IC 12-18-4, the domestic violence prevention and treatment council established by IC 12-18-3-1.

⊕ (6) For purposes of IC 12-21-4, the meaning set forth in IC 12-21-4-1.

⊕ (7) For purposes of IC 12-28-5, the meaning set forth in IC 12-28-5-1.

SECTION 4. IC 12-7-2-44.9 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2001]: **Sec. 44.9. "Countable resources", for purposes of IC 12-15-41, has the meaning set forth in IC 12-15-41-2.**

SECTION 5. IC 12-15-2-6 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2001]: Sec. 6. (a) Subject to subsection (b), an individual who:

(1) is receiving monthly assistance payments under the federal Supplemental Security Income program; and

(2) meets the income and resource requirements established by statute or the office unless the state is required to provide medical assistance to ~~those individuals~~ **the individual** under Section 209(b) of Public Law 92-603 passed by the United States Congress **or under Section 1619(b)(3) of the federal Social**

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Security Act (42 U.S.C. 1382h);
is eligible to receive Medicaid.

(b) An individual who is receiving monthly disability assistance payments under the federal Supplemental Security Income program **or the federal Social Security Disability Insurance program** must meet the eligibility requirements specified in IC 12-14-15 **unless the state is required to provide medical assistance to the individual under Section 1619(b)(3) of the federal Social Security Act (42 U.S.C. 1382h).**

(c) The office may not apply a spend down requirement to an individual who is eligible for medical assistance under **Section 1619(b)(3) of the federal Social Security Act (42 U.S.C. 1382h).**

SECTION 6. IC 12-15-2-6.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2001]: **Sec. 6.5. Notwithstanding section 6 of this chapter, beginning July 1, 2002, an individual who meets the requirements of IC 12-15-41 is eligible for Medicaid.**

SECTION 7. IC 12-15-3-0.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2001]: **Sec. 0.5. This chapter does not apply to an individual participating in the Medicaid buy-in program beginning July 1, 2002, established under IC 12-15-41.**

SECTION 8. IC 12-15-6-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2001]: **Sec. 1. Except as provided in section 2 of this chapter, and beginning July 1, 2002, except as provided in IC 12-15-41, an enrollment fee, a premium, or a similar charge may not be imposed as a condition of an individual's eligibility for Medicaid.**

SECTION 9. IC 12-15-41 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2001]:

Chapter 41. Medicaid Buy-In Program for Working Individuals With Disabilities

Sec. 1. As used in this chapter, "buy-in program" refers to the Medicaid buy-in program for working individuals with disabilities established by section 3 of this chapter.

Sec. 2. As used in this chapter, "countable resources" means all cash, other liquid assets, real property, and personal property owned by an applicant for or a recipient of Medicaid under this chapter, or the spouse of an applicant or a recipient, that could be converted to cash to be used for support or maintenance, except the following:



(1) All resources disregarded by the office under this article for the purpose of determining eligibility for Medicaid.

(2) Any resource eligible for exclusion under 42 U.S.C. 1396a(r)(2), including a retirement account established under 26 U.S.C. 220 and held by either the applicant or recipient or the applicant's or recipient's spouse.

(3) Subject to approval by the office, not more than twenty thousand dollars (\$20,000) in independence and self-sufficiency accounts held by the applicant or recipient for the sole purpose of purchasing goods or services, including assistive technology and personal assistance, that:

(A) will increase the employability or independence of the applicant or recipient; and

(B) are not services to which the recipient is entitled under Medicaid or any other publicly funded program.

In determining the types of accounts to be approved under this subdivision, the office shall consider any recommendations made by the Medicaid work incentives council established by IC 12-15-42-1.

Sec. 3. The Medicaid buy-in program for working individuals with disabilities is established to provide, beginning July 1, 2002, Medicaid to individuals who are disabled and employed, as authorized under Section 201 of the federal Ticket to Work and Work Incentives Improvement Act of 1999 (P.L. 106-170, 42 U.S.C. 1396 et seq.).

Sec. 4. To participate in the buy-in program beginning July 1, 2002, an individual must meet the eligibility requirements under IC 12-15-2-6, except as follows:

(1) The individual has a severe medically determinable impairment without regard to the individual's employment status.

(2) The individual must be at least sixteen (16) years of age but not more than sixty-four (64) years of age.

(3) The individual must be engaged in a substantial and reasonable work effort as determined by the office and as permitted by federal law.

(4) The individual does not have countable resources that exceed the resource limits for the federal Supplemental Security Income program (42 U.S.C. 1382).

(5) The individual's annual gross income does not exceed three hundred fifty percent (350%) of the federal income poverty level for an individual. In determining an individual's

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income under this subdivision, the office may not consider the following:

- (A) The income of the individual's spouse.
- (B) Income disregarded under the state Medicaid plan's financial methodology, including income disregarded under the federal Supplemental Security Income program (42 U.S.C. 1382) as impairment related work expenses (IRWE).

Sec. 5. An individual who is enrolled in the buy-in program and who no longer meets the eligibility requirements set forth in section 4 of this chapter due to an improvement in the individual's medical condition continues to be eligible for Medicaid coverage under the buy-in program if the individual meets the following requirements:

- (1) The individual continues to have a severe medically determinable impairment, as determined by the office and as allowed by federal law.
- (2) The individual is employed and earning a monthly wage that is not less than the federal minimum hourly wage times forty (40).
- (3) The individual does not have income or countable resources in excess of the limits established under section 4 of this chapter.
- (4) The individual is at least sixteen (16) years of age and less than sixty-five (65) years of age.
- (5) The individual pays any premiums or other cost sharing required under this chapter.
- (6) The individual meets all other eligibility requirements under this chapter.

Sec. 6. (a) An individual who is enrolled in the buy-in program and who is unable to maintain employment for involuntary reasons, including temporary leave due to a health problem or involuntary termination, continues to be eligible for Medicaid coverage under the buy-in program if the individual meets the following requirements:

- (1) Within sixty (60) days after the date on which the individual becomes unemployed, the individual, or an authorized representative of the individual, submits a written request to the office that the individual's Medicaid coverage be continued.
- (2) The individual maintains a connection to the workforce during the individual's continued eligibility period by participating in at least one (1) of the following activities:

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(A) Enrollment in a state or federal vocational rehabilitation program.

(B) Enrollment or registration with the office of workforce development.

(C) Participation in a transition from school to work program.

(D) Participation with an approved provider of employment services.

(E) Provision of documentation from the individual's employer that the individual is on temporary involuntary leave.

(3) The individual does not have income or countable resources in excess of the limits established under section 4 of this chapter.

(4) The individual is at least sixteen (16) years of age and less than sixty-five (65) years of age.

(5) The individual pays any premiums or other cost sharing required under this chapter.

(6) The individual meets all other eligibility requirements under this chapter.

(b) The office shall continue Medicaid coverage under the buy-in program for an individual described in subsection (a) for up to twelve (12) months from the date of the individual's involuntary loss of employment.

(c) If an individual is ineligible for continued coverage under the buy-in program because the individual:

(1) fails to meet the requirements of subsection (a); or

(2) has already met twelve (12) months of continuing eligibility under this section;

the individual must meet the eligibility requirements of IC 12-15-2-6 to continue to be eligible for Medicaid.

Sec. 7. (a) The office shall develop a sliding scale of premiums for individuals participating in the buy-in program.

(b) The sliding scale of premiums required under subsection (a) must:

(1) be based on the annual gross income of the individual and, if married, the individual's spouse; and

(2) provide for a minimum monthly premium of twenty-five dollars (\$25) and a maximum monthly premium of two hundred seventy-five dollars (\$275).

(c) Subject to the minimum and maximum amounts described in subsection (b), the office may annually adjust the scale of

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premiums adopted under this section.

Sec. 8. (a) An individual whose gross annual income, including the gross annual income of the individual's spouse, if married, is less than one hundred fifty percent (150%) of the federal income poverty level for the size of the individual's or couple's family may not be required to pay a premium to participate in the buy-in program.

(b) An individual whose gross annual income, including the gross annual income of the individual's spouse, if married, is at least one hundred fifty percent (150%) but not more than three hundred fifty percent (350%) of the federal income poverty level for the size of the individual's or couple's family, must pay a monthly premium in an amount equal to:

(1) the lesser of:

(A) the amount prescribed by the sliding scale developed by the office under section 7 of this chapter; or

(B) seven and one-half percent (7 1/2%) of the individual's or couple's gross annual income divided by twelve (12); minus

(2) the monthly amount of any premium paid by the individual, the individual's spouse, or the individual's parent for health insurance that covers the individual.

Sec. 9. (a) The office shall annually review the amount of the premium that an individual is required to pay under section 8 of this chapter.

(b) The office may increase the premium required under section 8 of this chapter only after conducting an annual review under subsection (a).

(c) The office shall decrease the premium that an individual is required to pay under section 8 of this chapter if:

(1) the individual notifies the office of a change in income or family size; and

(2) the sliding scale adopted under section 7 of this chapter applied to the individual's changed circumstances prescribes a premium for the individual that is lower than the premium the individual is paying.

Sec. 10. To the greatest extent possible, the office shall use the same administrative procedures regarding premiums for the buy-in program as are used for the children's health insurance program established under IC 12-17.6, including:

(1) the effect of nonpayment of a premium; and

(2) the collection of premiums.



Sec. 11. (a) The office shall establish criteria to base the annual redetermination of disability required under 405 IAC 2-2-3(b) for an individual participating in the buy-in program on the individual's medical evidence, including evidence of physical or mental impairment.

(b) In conducting the annual redetermination described in subsection (a), the office may not determine that an individual participating in the buy-in program is no longer disabled based solely on the individual's:

- (1)** participation in employment;
- (2)** earned income; or
- (3)** income from self-employment.

Sec. 12. Except as otherwise provided in this chapter, an individual participating in the buy-in program:

- (1)** shall receive the same benefits, including home health care services; and
- (2)** is subject to the same requirements, including cost sharing;

as an individual receiving Medicaid under IC 12-15-2-6.

Sec. 13. (a) The office shall establish criteria to determine the effectiveness of:

- (1)** the buy-in program; and
- (2)** continued Medicaid coverage through Section 1619 of the federal Social Security Act (42 U.S.C. 1382h).

(b) The criteria required under subsection (a) must include the following:

- (1)** The number of individuals with disabilities who are:
 - (A)** enrolled in the buy-in program; or
 - (B)** receiving Medicaid through Section 1619 of the federal Social Security Act (42 U.S.C. 1382h).
- (2)** State revenues resulting from premiums paid by participants in the buy-in program.
- (3)** State costs incurred as a result of implementing the buy-in program, including administrative costs and costs of providing services.

(c) In addition to the criteria required under subsection (b), the office may establish criteria to determine the following:

- (1)** Comparative costs of Medicaid funded services for participants in the buy-in program and work incentives created through Section 1619 of the federal Social Security Act (42 U.S.C. 1382h) before and after employment.
- (2)** The number of Supplemental Security Income and Social

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Security Disability Insurance recipients in Indiana who are no longer dependent on, or who have reduced dependence on, public assistance or health care entitlement services, other than Medicaid or the children's health insurance program, due to participation in the buy-in program or work incentives created through Section 1619 of the federal Social Security Act (42 U.S.C. 1382h).

(3) The number of individuals with severe disabilities who are no longer dependent on, or who have reduced dependence on, public benefits or services, other than Medicaid or the children's health insurance program, due to income or support services received through participation in the buy-in program or work incentives created through Section 1619 of the federal Social Security Act (42 U.S.C. 1382h).

(4) The change in the number of buy-in program participants or participants in work incentives created through Section 1619 of the federal Social Security Act (42 U.S.C. 1382h) who have health care needs and related services covered through employer based benefit programs.

(d) In evaluating the effectiveness of the state's work incentive initiatives for individuals with disabilities, the office:

(1) shall collaborate with other state agencies on data collection; and

(2) may consult with an independent contractor to collect data on the criteria listed under subsection (b).

(e) The office shall provide an annual report of its evaluation under this section to the council not later than October 1 each year, beginning in 2003.

Sec. 14. Funding for the buy-in program shall be from funds appropriated by the general assembly, premiums paid, and any federal matching funds available to the program.

Sec. 15. (a) The office shall adopt rules under IC 4-22-2 to implement this chapter.

(b) The office may adopt emergency rules under IC 4-22-2-37.1 to implement this chapter on an emergency basis.

(c) In adopting rules under this section, the office shall:

(1) submit proposed rules to the council; and

(2) consider any recommendations of the council before adopting final rules.

SECTION 10. IC 12-15-42 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]:



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Chapter 42. Medicaid Work Incentives Council

Sec. 1. The Medicaid work incentives council is established for the following purposes:

- (1) To assist the office in developing a coordinated and aggressive state policy to bring adults with disabilities into gainful employment through a Medicaid buy-in program at a rate that is as close as possible to that of the general adult population.**
- (2) To support the goals of equality, opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities.**

Sec. 2. (a) The council consists of the following members:

- (1) Twelve (12) members appointed by the governor. The governor shall make the appointments required under this subdivision by July 1, 2001.**
- (2) One (1) member of the senate appointed by the president pro tempore of the senate.**
- (3) One (1) member of the house of representatives appointed by the speaker of the house of representatives.**
- (4) The administrator of the office, or the administrator's designee, shall serve as an ex officio nonvoting member of the council.**

(b) The members appointed under subsection (a)(1) must have experience or expert knowledge related to employment, employment services, vocational rehabilitation, Social Security work incentives, acute health care, long term services and supports, including Medicaid, and other support services for individuals with disabilities. At least one-third (1/3) of the task force members appointed under subsection (a)(1) must be individuals with disabilities or representatives of individuals with disabilities, with consideration given to current or former recipients of Social Security Disability Insurance or Supplemental Security Income.

- (c) The members appointed under subsection (a)(2) and (a)(3):**
- (1) may not be members of the same political party; and**
 - (2) are nonvoting members.**

Sec. 3. (a) The term of each member appointed under section 2(a)(1) of this chapter is four (4) years.

- (b) A member appointed under section 2(a)(1) of this chapter:**
- (1) may be reappointed; and**
 - (2) may be removed only for cause.**

Sec. 4. A member appointed under section 2(a)(2) or 2(a)(3) of

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this chapter serves until the member's current term of office as a member of the general assembly expires.

Sec. 5. A vacancy must be filled within forty-five (45) days after the vacancy by the authority making the original appointment.

Sec. 6. The governor shall select one (1) of the members of the council to serve as chairperson.

Sec. 7. (a) The council shall meet at least quarterly.

(b) Only the chairperson may call additional meetings.

Sec. 8. A quorum consists of a majority of the members appointed to the council.

Sec. 9. The affirmative votes of a majority of the voting members appointed to the council are required for the council to take action on any measure, including final reports.

Sec. 10. (a) Each member of the council who is not a state employee is entitled to the minimum salary per diem provided by IC 4-10-11-2.1(b). The member is also entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

(b) Each member of the council who is a state employee but who is not a member of the general assembly is entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

(c) Each member of the council who is a member of the general assembly is entitled to receive the same per diem, mileage, and travel allowances paid to legislative members of interim study committees established by the legislative council. Per diem, mileage, and travel allowances paid under this subsection shall be paid from appropriations made to the legislative council or the legislative services agency.

Sec. 11. The expenses of the council shall be paid from funds appropriated to the office.

Sec. 12. The office shall provide support staff to the council.

Sec. 13. (a) The council shall evaluate the feasibility of:

- (1)** establishing a program to collaborate with and subsidize employer sponsored health care coverage under a Medicaid buy-in program; and



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(2) providing personal care assistance services to individuals participating in a Medicaid buy-in program; and shall report the findings of the evaluation to the governor, the legislative council, and the health finance commission (IC 2-5-23).

(b) The council shall file the report required under subsection (a) not later than December 1, 2002.

Sec. 14. (a) The council shall provide an annual report to the governor, the legislative council, and the health finance commission (IC 2-5-23) not later than July 31 each year, beginning in 2003.

(b) The report required under this section must include the following:

(1) The evaluation made by the office under IC 12-15-41-14 and any comments the council has regarding the evaluation.

(2) Recommendations for any necessary legislation or rules.

SECTION 11. [EFFECTIVE JULY 1, 2001] (a) As used in this SECTION, "office" refers to the office of Medicaid policy and planning established by IC 12-8-6-1.

(b) Not later than July 1, 2002, the office shall amend the Medicaid state plan to include the buy-in program for working individuals with disabilities established under IC 12-15-41, as added by this act.

(c) The office shall apply to the Secretary of the United States Department of Health and Human Services, Health Care Financing Administration, for a grant established under Section 203 of the federal Ticket to Work and Work Incentives Improvement Act of 1999 (P.L. 106-170, 42 U.S.C. 1320b-22) to support the design, establishment, and operation of infrastructures that ensure the provision of items and services to support working individuals with disabilities, including the following:

(1) Data collection.

(2) Evaluation.

(3) Quality assurance.

(4) Changes in management information systems.

(5) Training of administrators, local county caseworkers, and service providers on Medicaid work incentives and the relationship of Social Security to work incentives.

(6) Outreach campaigns regarding the existence of infrastructures to support work incentives for working individuals with disabilities.

The office shall make the application required under this subsection for the first grant available after the effective date of this SECTION.



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(d) The office shall submit an application to the Secretary of the United States Department of Health and Human Services, Health Care Financing Administration, for each available new or renewal grant described in subsection (c).

(e) This SECTION expires December 31, 2011.

SECTION 12. [EFFECTIVE JULY 1, 2001] (a) As used in this SECTION, "office" refers to the office of Medicaid policy and planning established by IC 12-8-6-1.

(b) Before July 1, 2002, the office shall apply to the United States Department of Health and Human Services for approval of the necessary waiver amendment under the federal Home and Community Based Services program (42 U.S.C. 1396 et seq.) to amend the following Medicaid waivers to allow an individual who is eligible to participate in the Medicaid buy-in program established by IC 12-15-41-3, as added by this act, for working individuals with disabilities to receive waiver services:

- (1) ICF/MR waiver.
- (2) Aged and disabled waiver.
- (3) Medically fragile children's waiver.
- (4) Autism waiver.
- (5) Traumatic brain injury waiver.
- (6) Adult foster care, adult day care, and assisted living waiver.

(c) Before submitting the waiver amendment request required under this SECTION, the office shall submit the proposed waiver amendment request to the Medicaid work incentives council established by IC 12-15-42-1, as added by this act, for review. The office shall consider including any changes to the proposed waiver amendment request recommended by the council.

(d) The office may not implement the waiver amendment until the office files an affidavit with the governor attesting that the federal waiver amendment applied for under this SECTION is in effect. The office shall file the affidavit under this subsection not later than five (5) days after the office is notified that the waiver amendment is approved.

(e) If the office receives a waiver amendment under this SECTION from the United States Department of Health and Human Services and the governor receives the affidavit filed under subsection (d), the office shall implement the waiver amendment not more than sixty (60) days after the governor receives the affidavit.

(f) The office may adopt rules under IC 4-22-2 to implement this

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SECTION. Before adopting final rules under this SECTION, the office shall:

- (1) submit the proposed rules to the Medicaid work incentives council; and
- (2) consider any recommendations made by the council regarding the proposed rules.

(g) This SECTION expires July 1, 2007.

SECTION 13. [EFFECTIVE JULY 1, 2001] (a) As used in this SECTION, "office" refers to the office of Medicaid policy and planning established by IC 12-8-6-1.

(b) The office may apply to the Secretary of the United States Department of Health and Human Services for a grant under Section 204 of the federal Ticket to Work and Work Incentives Improvement Act of 1999 (P.L. 106-170, 42 U.S.C. 1396a) to establish a demonstration project to provide Medicaid coverage to individuals described in Section 204(b) of the federal Ticket to Work and Work Incentives Improvement Act of 1999 (P.L. 106-170, 42 U.S.C. 1396a).

(c) If the office establishes a demonstration project under this SECTION, the office may adopt rules under IC 4-22-2 to implement the demonstration project.

(d) This SECTION expires June 30, 2006.

SECTION 14. [EFFECTIVE UPON PASSAGE] (a) Notwithstanding IC 12-15-42, as added by this act, the terms of office of six (6) of the members of the Medicaid work incentives council appointed under IC 12-15-42-2(a)(1), as added by this act, are two (2) years.

(b) When appointing members to the board under IC 12-15-42-2(a)(1), as added by this act, the governor shall state, subject to subsection (a), when the term of office of each member expires.

SECTION 15. An emergency is declared for this act.

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Speaker of the House of Representatives

President of the Senate

President Pro Tempore

Approved: _____

Governor of the State of Indiana

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HEA 1950 — Concur+

